

Special Focus ~ Resistant Gonorrhea

New data from the Gonococcal Isolate Surveillance Project (GISP), which monitors antimicrobial susceptibility of gonorrhea in sentinel sites around the United States, including Seattle, indicates that the proportion of heterosexuals nationwide with infections due to fluoroquinolone resistant gonorrhea (QRNG) reached 6.7% in the first half of 2006. Considerably higher levels of QRNG have been previously described among men who have sex with men, which led Washington State to recommend in 2004 that fluoroquinolones (ciprofloxacin, ofloxacin, levofloxacin) no longer be used as the first-line treatment for gonorrhea infections diagnosed in Washington State.

In light of these recent findings, the U.S. Centers for Disease Control (CDC) is also recommending that fluoroquinolones NOT BE USED for treatment of gonorrhea or pelvic inflammatory disease in all patients nationwide. A single class of antibiotics, cephalosporins, are now recommended as the first-line treatment option for gonorrhea infection. For additional information, please visit CDC's web site for the latest STD Treatment Recommendations:

<http://www.cdc.gov/std/treatment/>

Additional information on treatment options is also available from the Washington State Department of Health, STD Services Section at 360.236.3460.

Resources

Additional information about sexually transmitted diseases, STD treatment guidelines, Washington State Dept. of Health reporting requirements, ways to prevent the spread of STDs, and general information about reproductive health issues are available from:

The U.S. Centers for Disease Control & Prevention:

www.cdc.gov/std/

STD Services Section, Washington State Department of Health:

www.doh.wa.gov/cfh/STD

Family Planning & Reproductive Health, Washington State Dept. of Health:

www.doh.wa.gov/cfh/FPRH

Henry J. Kaiser Family Foundation:

www.kff.org/index.cfm



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STD Fast Facts: Washington State 2006



Table 1 - Reported STD Cases by Disease, Washington State, 2005 - 2006

Disease	2005 Cases	2006 Cases	Change
Chlamydia (CT)	18,617	17,819	↓
Gonorrhea (GC)	3,738	4,231	↑
P & S Syphilis	158	182	↑
Late Syphilis	202	241	↑
Congenital Syphilis	0	0	↔
Herpes, Initial Infection	2,329	2,440	↑
Neonatal Herpes	2	6	↑
Disseminated GC(DGI)	0	12	↑
Lymphogranuloma Venereum	3	0	↓
Chancroid/GI	0	0	↔
Total Reportable STDs	25,049	24,931	↓

Sexually transmitted diseases (STDs) are the most commonly reported of all communicable diseases in Washington State; STDs comprised more than 75% of all communicable diseases or conditions reported to the Department of Health in 2006.

Healthcare providers and laboratories are reminded to report laboratory confirmed cases of chlamydia (CT), gonorrhea (GC), syphilis, chancroid, granuloma inguinale (GI) and LGV to their local health department. Herpes initial genital infection is reportable without laboratory confirmation. Table 1 shows total cases reported in 2005 and 2006.

Chlamydia

Chlamydia trachomatis is the most commonly reported STD nationally. Estimates indicate that approximately 3 million new cases occur in the United States each year (Kaiser Family Foundation, 1998). Only a fraction of those cases, 976,445, were reported to CDC in 2005 (CDC, 2006). The number of chlamydia cases and the incidence rate among persons in Washington State for 2000 to 2006 is presented in Figure 1. Chlamydia cases and rates increased steadily through 2005 but decreased slightly (4%) in 2006. Washington State's CT incidence rate was 279.5 per 100,000 for 2006. The national CT incidence rate for 2005 was 332.5 cases per 100,000.

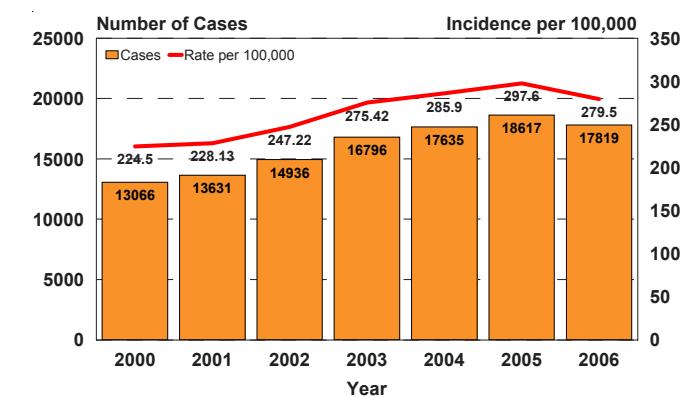


Figure 1 - Chlamydia Cases and Rates, Washington State 2000 - 2006

Age-specific incidence rates by gender for chlamydia cases reported in Washington State in 2006 are presented in Figure 2. Younger women continue to have disproportionately higher incidence rates than other age groups or males.

- Age-specific rates peak among 20 - 24 year olds for both females and males
- 85% of all cases reported in 2006 are for persons aged 29 and younger

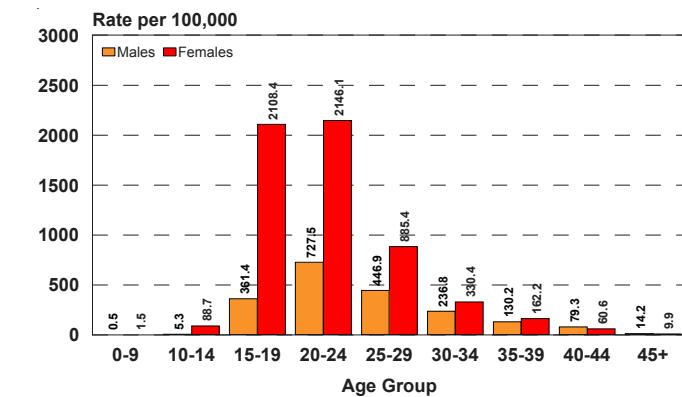


Figure 2 - Chlamydia Rates by Gender and Age Group, Washington State 2006

Gonorrhea

Infections due to *Neisseria gonorrhoeae* (GC) are a major cause of morbidity in the United States. Consequences of gonorrhea infection may include pelvic inflammatory disease (PID), infertility, ectopic pregnancy, and chronic pelvic pain.

The national gonorrhea incidence rate increased to a rate of 115.6 per 100,000 nationally in 2005, the first increase in rates nationally since 1999. In Washington State, gonorrhea increased to a rate of 66.4 cases per 100,000 in 2006. Gonorrhea cases and rates are at a 13-year high in Washington State.

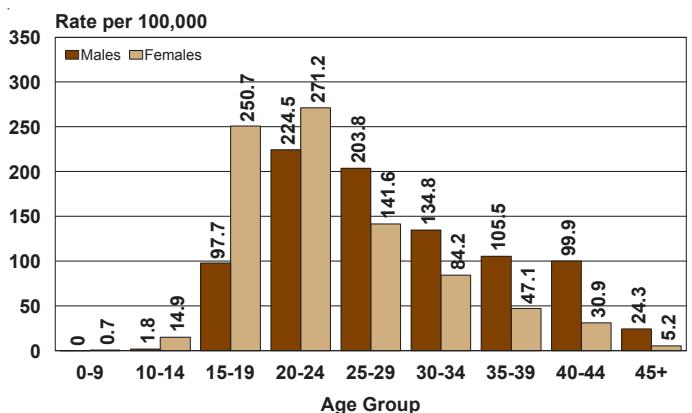


Figure 4 - Gonorrhea Rates by Gender and Age Group, Washington State 2006

The age distribution of gonorrhea differs between genders and age groups as seen in Figure 4. Statewide, 60% of total female morbidity in 2006 is among those 15-24 years of age. For males, the burden of disease continues to be distributed more evenly across age groups; 65% of cases are reported among those 25 years of age and older. Males had a higher gonorrhea incidence rate (72.2 per 100,000) than females in 2006 (60.6 per 100,000). A major factor contributing to the different distribution of gonorrhea incidence among men and women is a continuing outbreak of gonorrhea among men who have sex with men (MSM). However, increasing rates of gonorrhea have been noted in all groups and populations in Washington State since 2004.

Chlamydia & Gonorrhea by County

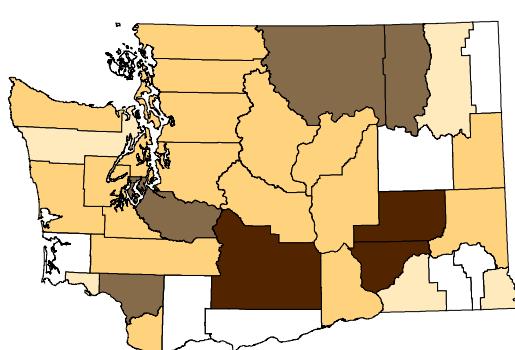


Figure 5 - Chlamydia Incidence Rates by County, Washington State 2006

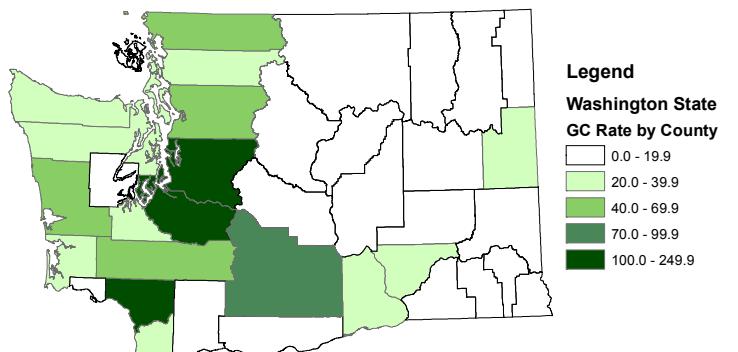


Figure 6 - Gonorrhea Incidence Rates by County, Washington State 2006

Syphilis

Syphilis is caused by infection with *Treponema pallidum*, a spiral-shaped, slender and highly mobile spirochete bacteria. Syphilis infection occurs in four distinct stages, primary, secondary, early latent, and late latent. All four stages of syphilis were reported in 2006.

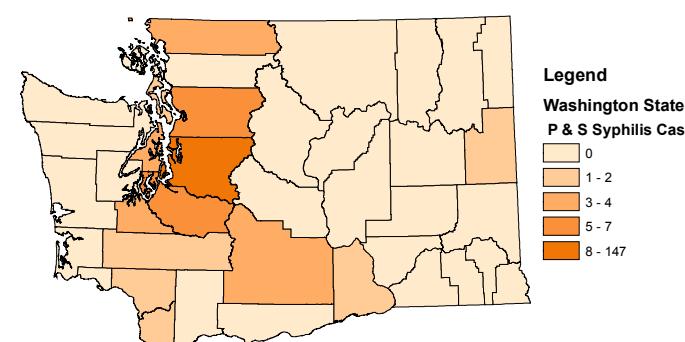


Figure 7 - Early Syphilis Cases Reported by County, Washington State, 2006

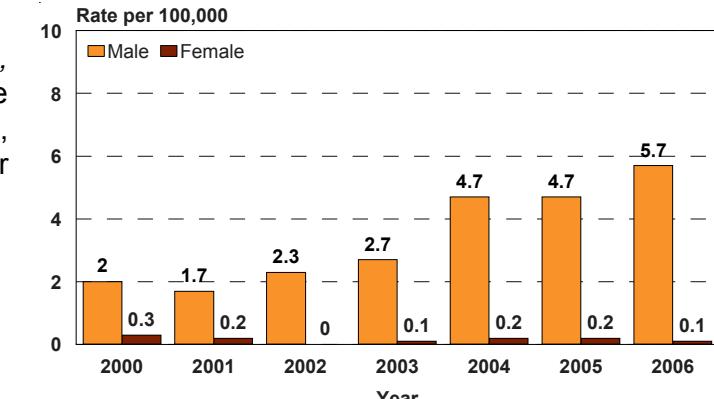


Figure 8 - Primary & Secondary Syphilis Rates by Gender, Washington State 2000 - 2006

- Incidence rate for P & S Syphilis increased 21% between 2005 and 2006
- Syphilis among MSM in King County accounts for most cases reported in 2006

Of 182 primary and secondary syphilis cases reported in 2006, 147 (81%) were reported from King County. There also continues to be a large disparity between male and female rates (Figure 8). This pattern of incidence has been observed since 1997 and is consistent with an epidemic concentrated among MSM in urban settings. No cases of congenital syphilis were reported in 2006 in Washington State.

Genital Herpes and Other STDs

Washington State requires reporting of initial infection of genital herpes. Only the initial infection is tracked in the state surveillance system. In 2006, 2,440 cases of genital herpes initial infection were reported for an incidence rate of 38.3 cases per 100,000 persons. No cases of chancroid, LGV or GI were reported in Washington State in 2006.

Special Focus ~ Neonatal Herpes Infection

Six cases of neonatal herpes infection were reported in Washington State in 2006. Untreated, herpes simplex virus infection in neonates has a mortality rate of up to 85% for infected infants. Even when aggressively treated, up to two-thirds of those infected at birth may experience profound, lasting developmental difficulties.

Special Focus ~ Disseminated Gonococcal Infection

A specific complication of gonorrhea known as disseminated gonococcal infection (DGI) is also being monitored. Disseminated gonorrhea infection is characterized by infection of joint, brain or heart tissue. Most commonly, joint infection can lead to gonococcal arthritis. DGI has been quite rare since the 1970s, however 12 cases were diagnosed in Washington State in 2006 and clinicians statewide have been alerted to be more aware of the potential for disseminated infection as gonorrhea case counts and rates have risen markedly in the last couple of years.